

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES WIC AND NUTRITION SERVICES DOCUMENTATION FOR MEDICAL NEEDS FORMULA ISSUANCE

\sim						er Use Only		
	alth care provider ng to the local WIC		d either fax or g	or give this form to the participant to			WIC Approved Contract Infant Formulas	
Infant Formulas:								Infamil LIPIL with Iron
				y a physician or nurse practitioner. ssuing a non-contract brand formula.			• P	roSobee LIPIL actoFree LIPIL
Exempt Infant Formulas and Medical Foods:								Gentlease LIPIL
The participant must have a medical condition that contraindicates the use of a contract infant formula as determined by a physician or nurse practitioner.								
NAME OF PARTICIPANT			DATE O	DATE OF BIRTH		NAME OF PARENT/CARETAKER		
PRESCRIBED FORMULA			DA	DAILY AMOUNT [options		al] LENGTH OF TIME REQUESTED		
				□ 1 N		□ 1 MO.	O. □2 MO. □3 MO. □4 MO.	
<u>DIAGNOSIS</u> ☐ GERD ☐ PREMATURITY ☐ FAILURE TO THRIVE ☐ PROTEIN ALLERGY ☐ MALABSORPTION								
DES	CRIBE OTHER DIA	GNOSIS, REACTIONS, MEDICA	AL CONDITIONS	AND/OR SPEC	CIAL INS	TRUCTIONS AS	NEED	ED:
PRINT NAME OF PHYSICIAN OR NURSE PRACTITIONER			IER	□ PHYSI	SICIAN RSE PRACTITIONER		PHONE NUMBER	
SIGNATURE OF PHYSICIAN OR NURSE PRACTITIONER							DATE	
OFC	TION D. 4. LO	OAL WIO BROVIDER HO	E ONLY					
SEC		CAL WIC PROVIDER US	E ONLY					
SEC	FORMULA USED	CAL WIC PROVIDER US	E ONLY					
	FORMULA USED	CAL WIC PROVIDER US DAYS WEEKS	E ONLY DAYS	WEEKS	C	OAYSWE	EKS	DAYS WEEKS
	FORMULA USED	DAYS WEEKS	DAYS	TION	□ со	NSTIPATION	EKS	☐ CONSTIPATION
	FORMULA USED	DAYS WEEKS CONSTIPATION DIARRHEA GAS	DAYS CONSTIPA DIARRHEA GAS	TION	□ CO □ DIA □ GAS	NSTIPATION RRHEA S		☐ CONSTIPATION☐ DIARRHEA☐ GAS
	FORMULA USED	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING	DAYS CONSTIPA DIARRHEA GAS PROJECTII	TION	□ CO □ DIA □ GA	MSTIPATION RRHEA S OJECTILE VOM		☐ CONSTIPATION ☐ DIARRHEA ☐ GAS ☐ PROJECTILE VOMITING
FORMULA INTAKE HISTORY	FORMULA USED	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP	DAYS CONSTIPA DIARRHEA GAS PROJECTIL RASH SPITTING L	TION LE VOMITING JP	CO DIA GA: PRO RAS	NSTIPATION RRHEA S OJECTILE VOM SH TTING UP		CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP
	FORMULA USED	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH	DAYS CONSTIPA DIARRHEA GAS PROJECTIL RASH	TION LE VOMITING JP	CO DIA GA: PRO RAS	NSTIPATION RRHEA S OJECTILE VOM SH		□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER
FORMULA INTAKE HISTORY	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FO	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER	DAYS CONSTIPA* DIARRHEA GAS PROJECTIL RASH SPITTING L OTHER SE/FEED (RTU/F	TION LE VOMITING JP RTF).	☐ CO☐ DIA☐ GAS☐ PRO☐ RAS☐ SPI☐ OTI	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER		□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER □ BMI for Age OR
FORMULA INTAKE	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FORMIXING/DILUTION	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER	DAYS CONSTIPA DIARRHEA GAS PROJECTIL RASH SPITTING L OTHER SE/FEED (RTU/F) UCT IS ONLY	TION LE VOMITING JP RTF). AVAILABLE I	☐ CO☐ DIA☐ GAS☐ PRO☐ RAS☐ SPI☐ OTI	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER RTF		□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER
FORMULA INTAKE	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FORMIXING/DILUTION	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER	DAYS CONSTIPA _ DIARRHEA _ GAS _ PROJECTII _ RASH _ SPITTING I _ OTHER SE/FEED (RTU/F) UCT IS ONLY ERATION _	TION LE VOMITING JP RTF). AVAILABLE I	☐ CO☐ DIA☐ GAS☐ PRO☐ RAS☐ SPI☐ OTI	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER RTF		□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER □ BMI for Age OR
FORMULA INTAKE HISTORY	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FORMIXING/DILUTION COOR WATER QUE	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER R REQUESTING READY-TO-US DIFFICULTY PRODIALITY POOR REFRIGE	DAYS CONSTIPATO DIARRHEA GAS PROJECTIL RASH OTHER OTHER SE/FEED (RTU/FUCT IS ONLY ERATION COVED	TION LE VOMITING JP RTF). AVAILABLE II TUBEFEEDIN	CO GAGA RAS	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER RTF OTHER		□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER BMI for Age OR Weight/Length [Optional]
FORMULA INTAKE HISTORY	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FOR IIXING/DILUTION OOR WATER QUE PPROVED ISAPPROVED	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER R REQUESTING READY-TO-US DIFFICULTY PROD JALITY POOR REFRIGE MONTH(S) FORMULA APPRO	DAYS CONSTIPA DIARRHEA GAS PROJECTII RASH SPITTING I OTHER SE/FEED (RTU/FUCT IS ONLY ERATION OVED HEALTH CARE	TION LE VOMITING JP RTF). AVAILABLE II TUBEFEEDIN	CO GAGA RAS	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER RTF OTHER		□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER □ BMI for Age OR
TO D C C C C C C C C C C C C C C C C C C	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FOI MIXING/DILUTION COOR WATER QU PPROVED ISAPPROVED E:	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER R REQUESTING READY-TO-US DIFFICULTY PRODIALITY POOR REFRIGE	DAYS CONSTIPA DIARRHEA GAS PROJECTII RASH SPITTING I OTHER SE/FEED (RTU/FUCT IS ONLY ERATION OVED HEALTH CARE	TION LE VOMITING JP RTF). AVAILABLE II TUBEFEEDIN	CO GAGA RAS	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER RTF OTHER		□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER BMI for Age OR Weight/Length [Optional]
FORMULA INTAKE TO B G G G G G G G G G G G G G G G G G G	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FOI MIXING/DILUTION COOR WATER QU PPROVED ISAPPROVED E:	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER R REQUESTING READY-TO-US DIFFICULTY PROD DIALITY PROD DIALITY POOR REFRIGE MONTH(S) FORMULA APPRO IF DISAPPROVED, WAS H REASON FOR DISAPPRO	DAYS CONSTIPA DIARRHEA GAS PROJECTII RASH SPITTING I OTHER SE/FEED (RTU/FUCT IS ONLY ERATION OVED HEALTH CARE	TION LE VOMITING JP RTF). AVAILABLE II TUBEFEEDIN	CONTAC	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER OTHER	ITING	□ CONSTIPATION □ DIARRHEA □ GAS □ PROJECTILE VOMITING □ RASH □ SPITTING UP □ OTHER BMI for Age OR Weight/Length [Optional]
SIGULA INTAKE TO D D D D D D D D D D D D D D D D D D D	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FOI MIXING/DILUTION COOR WATER QU PPROVED ISAPPROVED E:	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER R REQUESTING READY-TO-US DIFFICULTY PROD DIALITY PROD DIALITY POOR REFRIGE MONTH(S) FORMULA APPRO IF DISAPPROVED, WAS H REASON FOR DISAPPRO	DAYS CONSTIPA DIARRHEA GAS PROJECTII RASH SPITTING I OTHER SE/FEED (RTU/FUCT IS ONLY ERATION OVED HEALTH CARE	TION LE VOMITING JP RTF). AVAILABLE II TUBEFEEDIN	CONTAC	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER OTHER	ITING	CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER BMI for Age OR Weight/Length [Optional]
SIGULA INTAKE TO D D D D D D D D D D D D D D D D D D D	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FOI MIXING/DILUTION OOR WATER QU PPROVED ISAPPROVED TE: NATURE OF APP	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER R REQUESTING READY-TO-US DIFFICULTY PROD DIALITY PROD DIALITY POOR REFRIGE MONTH(S) FORMULA APPRO IF DISAPPROVED, WAS H REASON FOR DISAPPRO	DAYS CONSTIPA DIARRHEA GAS PROJECTII RASH SPITTING I OTHER SE/FEED (RTU/FUCT IS ONLY ERATION OVED HEALTH CARE	TION LE VOMITING JP RTF). AVAILABLE II TUBEFEEDIN	CONTAC	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER OTHER CTED?	ITING	CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER BMI for Age OR Weight/Length [Optional]
AGE CORMULA INTAKE BOTO CORMULA INTAKE HISTORY	FORMULA USED LENGTH OF TIME INFORMATION REPORTED CK REASON(S) FO MIXING/DILUTION OOR WATER QU PPROVED ISAPPROVED E: NATURE OF APPL NCY NAME	DAYS WEEKS CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER R REQUESTING READY-TO-US DIFFICULTY PROD DIALITY POOR REFRIGE MONTH(S) FORMULA APPRO IF DISAPPROVED, WAS H REASON FOR DISAPPRO ROVAL AUTHORITY	DAYS CONSTIPA _ DIARRHEA _ GAS _ PROJECTIL _ RASH _ SPITTING L _ OTHER UCT IS ONLY ERATION DOVED HEALTH CARE DVAL:	TION LE VOMITING JP RTF). AVAILABLE II TUBEFEEDIN	O CO DIA GAY PRO SPI OTI N RTU/NG CONTAC	NSTIPATION RRHEA S DJECTILE VOM SH TTING UP HER CTED? RTF OTHER CTED?	ITING NUTF	CONSTIPATION DIARRHEA GAS PROJECTILE VOMITING RASH SPITTING UP OTHER BMI for Age OR Weight/Length [Optional] YES NO